MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

23301

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 6765

City Saint Louis Mo (No. Saint Johns Hospital St. ..... Ward)
307 S. Euclid

2. FULL NAME Harry Trogdon

(a) Residence. No. 6018 Carlsbad St., 2 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know

7. AGE: about 65 years old — YEARS | MONTHS | DAYS — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 10 years
(b) General nature of industry, business, or establishment in which employed (or employer): Ex-Contractor
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Illinois 2

PARENTS

10. NAME OF FATHER: Johns Trogdon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT: Fred Trogdon
(Address) 6018 Carlsbad

15. FILED JUN 21 1931 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 19 1931

17. I HEREBY CERTIFY, That I attended deceased from June 9, 1931, to June 19, 1931, that I last saw him alive on June 19, 1931, and that death occurred, on the date stated above, at 7:14 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia
30
132 B
..... (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Tuberculosis Bilateral Kidney (duration) 3 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH X
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Gaspar Cassell M. D.
, 19 (Address) 1020 Paul Brown

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Saint Marcus Cemetery
DATE OF BURIAL: June 22 1931

20. UNDERTAKER: Southern Und Co
ADDRESS: 6320 So Grand

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD